

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <u>10/022,799</u>	FILED DATE						
APPLICANT(S)													
<div> <div>5-28-04</div> <div>8-14-05</div> <div>10-21-06</div> </div>						CLAIMS							
NO.	SERVICE		INTEREST		INTEREST		NO.	SERVICE		INTEREST		INTEREST	
	NO.	DEP.	NO.	DEP.	NO.	DEP.		NO.	DEP.	NO.	DEP.	NO.	DEP.
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TOTAL NO.	2		1		1		TOTAL NO.						
TOTAL DEP.	26		19		19		TOTAL DEP.						
TOTAL CLAIMS	28		20		20		TOTAL CLAIMS						